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DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED
WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 304.]

CINCHONA.—Tonics may be divided into two sorts—those that are both specific and general, and those that are merely general. The former have also been sometimes termed anti-periodics; the latter, corroborants.

Among tonics uniting specific and general properties, cinchona and its preparations hold the first place. Intermittent fever is the disease in which they are most signally efficacious. They both control the recurrence of the paroxysms, and reduce the tumefaction of the spleen which characterizes this fever.

No satisfactory theory as to what is the *modus operandi* of bark has yet been adduced.

In adynamic or typhoid fever, in gangrenous inflammation, in foul and exhausting suppurations, bark lends us powerful aid.

In strumous cases, it is peculiarly indicated, particularly in the form of the disulphate of quinine. This is perhaps the most convenient of the preparations from cinchona bark, as its dose may be most exactly regulated, while it is of small bulk and easily taken. However, in intermittent fever, and more particularly in typhoid cases, attended with much and urgent adynamia, some prefer, and with reason, a vinous tincture of the bark, or a vinous infusion of the disulphate. In the latter cases, the doses of the bark or of quinine may be very large.

In some cases, quinine occasions severe cephalalgia. We had an opportunity of observing this in a recent instance. A patient subject to strumous ophthalmic catarrh was exposed, in rather peculiar and unexpected circumstances, to a cause leading to a urethral discharge. After the specific nature of this had been evidently got rid of, and the discharge itself apparently cured, the latter constantly re-appeared, causing to the gentleman who was the subject of it much mental and other annoyance and anxiety. At length, suspecting that the discharge was now of a strumo-catarrhal character, substitutive of the conjunctival one, of which he had been longer than usually free, I ordered (after a considerable variety of other treatment, both local and general) quinine in large doses, which certainly greatly mitigated, though it did not at first entirely check, the urethral discharge. But repeatedly, during its employment, the most

alarming cephalgia supervened, requiring the quinine to be laid aside for the time, and when resumed, to be taken in very diminished doses.

The union of morphia in intermittent fever is often useful.

In South America calomel is sometimes joined with quinine in the treatment of intermittents, thus :—

Calomel, eight grains; disulphate of quinine, twenty-four grains. To be divided into eight pills, two to be taken every half-hour during the intermission.

In dyspeptic cases of simple atony of the stomach and bowels—that is, in which the tongue and fauces are neither furred nor red, but clean and exsanguine, in which there are want of appetite, flatulence, torpid bowels, moderate pulse, and a tendency to chilliness—quinine alone, or combined with aloes, ginger or cloves, will be found useful.

When, again, there is a foul tongue, with either costiveness, or with faecal evacuations, crude and wanting in due color and consistency, and accompanied with cachexia and debility, a pill, containing two grains of quinine, two of the blue-pill mass, and one of myrrh, and taken before breakfast and before dinner, will often do well.

In some cases of irritable stomach, unaccompanied with signs of hyper-vascularity of the mucous membrane of the tongue and fauces, the conjunction of extract of hop, lettuce or *hyoscyamus* with the quinine, ensures for the latter a quiet reception in the stomach and duodenum.

In all those cases, too, of *gastrodynia* or *cardialgia*, unattended with erythema, or vascular turgescence of the mucous membrane, quinine, united with iron, zinc, sulphate of copper, or nitrate of silver, is indicated, the extracts of hop, lettuce, *hyoscyamus*, conium, and even the hydrochlorate of morphia, being given in conjunction. Many neuralgic affections, both deep-seated and peripheric, are to be treated by the same means.

Citric Acid.—When a course of acids is indicated, citric acid may be ordered. However, we prefer, in general, sulphuric or hydrochloric, as acting with greater certainty and effect. In scorbutic cases, and in those supposed to consist in, or to be accompanied by, a want of plasticity in the blood; in defective appetite; in languid action of the liver; in yellowness of tongue and conjunctive; in *fœtor* of breath and evacuations, the use of nitric acid is indicated.

Citrus aurantium and *C. medica*.—The orange and the lemon. These are indicated dietetically in the same cases in which the subject of the immediately foregoing notice is indicated medicinally.

Claret.—The use of this wine is appropriate in cases referred to in the two preceding notices. However, in cases of chronic gout, and in some cases of rheumatic disposition, its use is questionable. In preternatural acidity of the urine, also of chronic duration, and accompanied with dysuria and lumbar uneasiness, claret and acidulous wines, and aliment generally, are to be abstained from.

Coffee.—Taken in moderately strong decoction or infusion, and of moderate temperature, coffee is an unexceptionable beverage for the majority of persons. It exhilarates and invigorates without hurtfully stimu-

lating. It has a peculiar effect on the cerebral organs, promoting, in a more remarkable degree than, perhaps, any other drink, the normal action of the intellectual and imaginative faculties. Hence, to the use of pure and strong infusions of coffee some ascribe the lively and imaginative character of the Arabs. And it is certain that Voltaire, and other intellectual men of his time, regarded coffee as a beverage which peculiarly both quickened and recruited reason and imagination.

In cases, however, of chronic disease, in the treatment of which every circumstance, whether *lædens veljuvans*, is to be taken into account, it may become necessary to interdict the use of coffee, as of other drink and food, which, in ordinary circumstances, would be indifferent, if not even positively useful. As we have formerly remarked, homeopathic practitioners, whose system necessarily imposes on them a somewhat nice scrutiny of the effects of diet, have a jealousy of both coffee and tea, and more of the former than of the latter. It undoubtedly unduly quickens the circulation with some persons, produces in others unpleasant thirst and heat; some it constipates; and in some it causes acid eructations. But, as we have observed, it agrees with most persons, if taken in moderate quantity, strength and temperature.

We regard it as an instance of clumsy nomenclature, that the name caffeine should be given to a principle which occurs in coffee, but which is also found in tea. Surely, a name, indicative of its double origin, should have been chosen, and not the above partial and confusing one.

Colchicum.—This is a plant of no small importance. In its properties, it is partly diuretic, partly cathartic. It acts very decidedly on the liver, removing torpid states of that organ, and causing yellow or even dark stools to succeed grey or white ones.

In France, colchicum is ranked among diuretics, and undoubtedly it promotes the action of the kidneys, and by facilitating the secretion of uric acid, is proper in cases of gouty or rheumatic diathesis, and obviously controls the paroxysms of arthritis and rheumatism. In what manner does colchicum act on the kidney? Not directly, we apprehend, but indirectly, by promoting the action of the liver. We have elsewhere called attention to a fact of some importance, that often when the liver does not secrete duly, and when, consequently, the stools are pale and scanty, neither does the kidney act sufficiently, the urine being high colored or turbid, and of diminished quantity. In such circumstances, anything that acts on the liver, as, for example, a few grains of calomel or blue pill, causes, very soon after, an improved action of the kidney. We believe it to be in this indirect manner that colchicum acts diuretically.

Its action both on the liver and kidneys is satisfactory. When its diuretic effect is wanted, and that speedily, the acetum colchici is to be preferred. When its cholagogue and cathartic effects are more particularly desired, the extract, wine or tincture is to be selected. These, more particularly the first of them, should rarely or never be given alone, and uncombined with some other more safe and certain purgative, as mercury, aloes, colocynth, scammony. Because colchicum, given by itself, some-

times entirely fails to act either as a renal or alvine evacuant, and being absorbed, operates alarmingly on the nervous system, causing the most marked moral and physical prostration.

In cases of gout in robust subjects, accompanied with much hepatic engorgement, and in whom the tongue and conjunctivas are yellow, the most efficient combination is of that of the wine, tincture or acetum of colchicum, given in draught, with from two to six drachms of sulphate of magnesia, and two to six grains of nitrate of potass. This may be repeated every three to six hours, until the bowels and kidneys are decidedly acted on. In these cases, the dose of the wine or tincture may be from ten to sixty drops.

In old and worn-out gouty subjects, in whom any tendency to metastasis has manifested itself, and in the subjects of chronic rheumatism, we must be more guarded in the use of the neutral salts; more careful to conjoin with the colchicum cordials, aromatics, and even stimulants. In such subjects, the extracts or tinctures of rhubarb or aloes are the best purgatives to combine with the colchicum. The compound infusion and tincture of senna may also be tried.

Many persons of gouty or rheumatic habit or diathesis, but who have never had a fairly-formed attack of either disease, are subject to innumerable neuralgic affections, of very anomalous and perplexing character. Both patient and practitioner are puzzled, and perhaps alarmed, by them, until either a regular fit of gout, or some rheumatic symptoms, both attended with more or less renal derangement, explain at once, and relieve the preceding obscure and troublesome lesions of sensibility and secretion. A quantity of uric acid is voided, and health is, for the time at least, nearly or wholly restored.

In subjects of this kind, the anomalous nerve-aches referred to may be often removed, and a regular attack of gout or rheumatism prevented (a matter of great importance), by the timely use of colchicum. A little of it should be given nightly, or twice daily, with some ordinary aperient; the neuralgic and other precursory symptoms will subside, and a crisis be averted.

A useful ordinary anti-gout pill (one, we mean, adapted to mitigate an actual paroxysm) consists perhaps of two parts of the extracts of colchicum and colocynth, and a half part of hydrochlorate of morphia; and repeated every hour or two hours, until bowels and kidney are acted on; which occurring, pain subsides.

A solution of any of the preparations of iodine is said to form an antidote to an over-dose of colchicum.

Cold.—Cold is a therapeutic of no insignificant value in some forms of gastric irritation and stomachic debility.

Some persons have a sensation of heat and thirst in the mouth and throat, often attended with a feeling of fulness in the stomach and gullet. The tongue and fauces will, on inspection, be seen to be preternaturally red and tumeſed; and in a similar condition, no doubt, is the whole mucous membrane of the oesophagus and stomach. The symptoms above named are most visible, and most felt in the morning, when, if a draught of

cold water is taken, the passage of the fluid over the heated surface of the mucous membrane of the throat and stomach is perceived with more than healthy distinctness.

In such cases, a draught, immediately on leaving bed, of from a pint to a quart of cold or even iced water, and this repeated several times during the day, is perhaps the simplest and safest mode of relief. Of course, a mild and simple diet must also be observed.

Again: in persons whose muscles are well developed, and whose faces and hands are florid, and indicate active cutaneous circulation, there is occasionally obvious evidence of languid digestion, such as flatulence, and evacuations unmistakably indicating crude and imperfect chymification.

In such cases, the external application of cold, by affusion or in bath, by determining to the central organs the nervous influence and circulatory fluid, now too largely expended on the periphery, will soon restore activity and energy to the stomach and duodenum.

PRIORITY OF DISCOVERY OF THE USE OF ETHER VAPOR.

[From an elaborate article in the London *Lancet*, entitled "Ether Vapor, its Medical and Surgical Uses," by John Gardner, M.D., author of "Lectures on Organic Chemistry," we copy the following remarks relative to the original discovery of this mode of preventing pain in surgical operations. This is done in order that our readers may know the view which is taken of the matter by a distinguished medical gentleman of London. In Paris, it is understood a somewhat different opinion prevails.]

The first published intimation in the medical journals, in this country, of the power of ether vapor, was that contained in a reference and paragraph in the *Lancet* of December 26th, 1846, and published at length in the communication of Dr. Bigelow, of Boston, and Dr. H. J. Bigelow, of Massachusetts, U. S., transmitted to Dr. Boott, of Gower-street (see *Lancet*, January 2d, 1847), in which it was stated that "the patent bears the name of Dr. Charles T. Jackson, a distinguished chemist, and of Dr. Morton, a skilful dentist, of this city, as inventors, and has been issued to the latter gentleman as proprietor.

It is certainly a matter of no slight interest to trace the history of the discovery—to ascertain the respective merits of the two persons who are willing to share the honor—to learn whether, by a happy accident, by a train of reasoning, or by long-continued and anxious experiments, it was at length arrived at. Moreover, the question will arise, is there any other person claiming the discovery? Have they any grounds for their claims, real or apparent? What aid or assistance did the discoverers derive from sources beyond their own minds?

I am fortunately enabled, by a communication just received from Boston, from the very best authority, to return a very satisfactory answer to some of these questions.

To Dr. W. T. G. Morton, a native of Massachusetts, practising in

Boston as a dentist, is the world *mainly* indebted for this great discovery. The history of the discovery is as follows:—Dr. Morton having received the impression from some source (of which more in the sequel) that a means of obviating the pain of surgical operations was greatly desired by surgeons, and no doubt confirmed in this feeling by his own practice of extracting teeth, commenced, upwards of two years ago, making experiments to attain the object. He tried, it appears, a number of agents, always *first making his experiments upon himself*, often incurring no small danger, and once during that period with very nearly fatal results.

Dr. Morton had, whilst a student, attended the lectures on chemistry by Dr. C. T. Jackson, and he communicated to Dr. Jackson the object of his experimental inquiry. The latter, in answer, observed that he had seen in his college days, sulphuric ether, in a highly-concentrated state, produce insensibility, and it might, therefore, answer his purpose. On receiving this hint, Dr. Morton hurried home, and locking himself up in his room, saturated a sponge with highly-concentrated ether, looked at his watch to note the time, and then covering his mouth and nose with the saturated sponge, he inhaled the ether as freely as possible. He soon began to feel approaching insensibility, the sponge fell from his hand, he reclined back in his chair, and entirely lost his consciousness. As he began to recover, he felt a numbness of his limbs, a sensation like nightmare, and he anxiously desired some one to come and rouse him. At length, however, he fully recovered his consciousness, and “looking at his watch, he found, to his inexpressible delight, that he had been insensible *eight minutes.*”

As soon as he was able to leave his room, he was anxious to try the ether on a patient. A stout, healthy man soon presented himself to have a tooth extracted. The ether was inhaled, the tooth extracted, and the patient asserted that he was entirely unconscious of pain. Other operations followed, and Dr. Morton became satisfied of the safety and efficacy of ether vapor. This was in the month of September, 1846.

He now applied himself to the construction of a suitable apparatus with which the ether vapor could be administered; and having attained this object, he waited on Dr. John C. Warren, Surgeon to the Massachusetts General Hospital, Boston. It is important to remark, that Dr. Morton did not at this time inform Dr. Warren in what his means of inducing insensibility to pain consisted.

The subject now became a matter of general interest and conversation. Dr. Bigelow witnessed numerous operations on the teeth, by Dr. Morton, at the house of the latter, and became so satisfied of the safety of the process, that he submitted his own daughter to it, to have a tooth extracted under its influence; and on the 7th of November, Dr. John C. Warren and Dr. Hayward employed the ether in two capital operations. On the 12th Dr. J. Mason Warren removed a tumor from the arm of a young woman, with complete success; and on the 21st, the same gentleman removed a tumor which covered nearly half of the front of the right thigh, in the presence of a numerous body of the profession, amongst whom was present, Dr. Charles T. Jackson; and this was the first

operation upon a patient, under the influence of ether, which that gentleman had witnessed.

This is a most remarkable feature in the history of this discovery. The merit of having suggested the inhalation of ether to Dr. Morton, as an agent promising to supply the object he was seeking, is due to Dr. Charles T. Jackson; nevertheless the latter did not himself witness its application until several weeks had elapsed after Dr. Morton had put it to the test of actual experiment, and succeeded.

INHALATION OF ETHER IN A CASE OF LABORIOUS LABOR.

BY W. CHANNING, M.D.

(Communicated for the *Boston Medical and Surgical Journal*.)

Mrs. S., aged 23, first labor. Was taken in labor at 12, midnight, May 15th. I saw her in consultation, 16th, about 9, P. M. I learned that her pains had been very severe—that the child advanced well until it entered the bony outlet, and that there it stopped—that vehement pains had continued, but without making any progress in the labor. The pains were now losing power, and appearances of approaching exhaustion was present. The pulse were compressible. The os uteri had not disappeared. The presentation was natural. The occiput was towards the right acetabulum, the forehead towards the opposite sacro-iliac synchondrosis.

After a careful examination of the case, it was agreed that the forceps should be used, and the ether exhibited. The instrument selected was a modification of Hamilton's and Smellie's, less curved than the first named, and rather larger than the last. It was applied with ease. There was tenderness about the inferior commissure of the external organs, and much complaint made of the pressure of the instrument there. Of its presence within the pelvis no complaint was made. The ether was now exhibited, by means of a sponge, as in the case reported in the last Journal. In about a minute, the full effects of the ether became apparent. Consciousness was entirely abolished. Extracting efforts were now made, and the child soon began to descend. The womb acted powerfully. In the first efforts with the instrument, instead of a *bearing-down* effort, an opposite one was made. The lower limbs were straightened out with much force, and the instrument drawn inwards into the pelvis. This was very striking. But a very short re-application of the sponge obviated this difficulty entirely, and the child favorably descended, and no farther organic resistance to delivery occurred. The head was born. The child breathed, and everything promised well. But pains did not occur for some time. As happens not unfrequently after the accomplishment of delivery thus far, after very severe labor, contractions cease as from exhaustion, and the child remains in great peril. Perhaps as many children are lost in this way as from any other accident in delivery. At length, however, an arm was brought down,

the womb acted, and very slowly the child was born. Some time elapsed before the placenta was detached, but this came naturally away. The child was alive, and cried sufficiently. It was a boy, and weighed nine pounds.

Mrs. S. was now asked of her state during labor. She had been directed to make voluntary effort to aid the delivery of the child and placenta, and she had done so. She expressed her entire satisfaction with the effects of the ether. She said how wonderful it was that she should have got through without the least suffering, and how grateful she was. She asked earnestly why the ether had not been used earlier. She said she had called on a friend, naming her—that she had been into Hanover street, called at a shop (a milliner's shop), and there had talked and laughed with the rest, and made a good deal of noise, too. Her manner was perfectly natural. There was much vivacity in it—a freedom from the least idea that what she related had been other than a matter of recent and entire experience, which was exceedingly striking.

May 17th.—Comfortable; good night; pulse 104, of good strength; skin warm; color natural. At the moment of my coming into her room, Mrs. S. was complaining of uneasiness at the lower part of the abdomen. I found that the bladder was distended, and this probably caused the complaint. A successful effort was made to empty it, and relief at once followed. I asked again concerning her state during the labor, while under the power of the ether. She said she remembered nothing from the first inhalation to the moment when the afterbirth was taken away. I told her she had talked, had described her feelings after inhalation, had told us where she had been, &c. &c. Well, she said, she did not know anything about that. She could only repeat what she just said, that she remembered nothing about it, not a word, not a syllable. I asked if she did not recollect that I was there, and used instruments, and endeavored to bring to her remembrance other matters. She said again, and again, she remembered nothing about it. In Mrs. H.'s case, I stated that she said she had *sense*, but not *feeling*—that she knew she was alive, and that people were about her, and assisting her labor, &c., but that she felt nothing—had no pain. And this experience of Mrs. H. corresponds with that of many others who have inhaled ether, and which have been reported. A case is now in my memory of an intelligent woman who had several teeth removed by my advice after inhaling ether. She had no pain, but still knew what the dentist was about.

Remarks.—The success of the above case furnishes additional evidence of the beneficial uses of ether in labor. A sponge was again used. It was partially covered by a strong bit of brown paper. This prevented evaporation and waste, and somewhat prevented the diffusion of the vaporized ether in the chamber. Some better material may be substituted for paper. India rubber cloth and oiled silk will not answer since ether dissolves a part of the material which composes them. Perhaps a piece of bladder would answer. About four ounces of ether were used in the above case, not more than a third of the quantity first employed.

Again. I strongly recommend, in instrumental labor, the application of the instrument *before* the ether is inhaled. In this way it will be ascertained, if any, what injury the patient is suffering by its introduction. In general, may I not say always, when the instrument is inapplicable or unskillfully used, some obstruction to its progress is encountered. This produces pain. The patient complains, and the error should be at once corrected, or measures taken for its correction. There will be complaint in many, it may be in all, cases. But there is a difference in that, expression of pain which comes merely of the novelty of impression made by the instrument, or that sensitiveness which long-continued suffering produces—there is a difference between this, and that suffering which comes directly of injury, and is so striking, that any one at all acquainted with instrumental labor will at once notice it, and govern himself accordingly. I remember a caution growing out of like chance of doing unnecessary injury in a surgical operation, viz., by including a portion of the bladder in the instrument which seizes the stone in *lithotomy*. It is advised in this operation not to use ether, lest during the state of insensibility, the bladder may be injured. The most dangerous lesion may be done an organ in this state, of which the surgeon may be as unconscious as is the patient. I dwell upon this caution in our midwifery engagements as of serious importance and to which there can be no reasonable objection.

Boston, May 19th, 1847.

SUDDEN AND FATAL CASE OF CONGESTION.

[Communicated for the *Boston Medical and Surgical Journal*.]

I WAS called, at dark, on Saturday evening, the 24th of April last, to Edward Little, Jr., a recruit in the company of Capt. J. P. Smith, in the 16th Regiment of U. S. Infantry, who had been encamped about one mile from this place, for the last week or ten days. The patient, when first seen by me, was in a state of profound coma, with laborious breathing, and a livid appearance of the head, face and neck. No pulse could be discovered; the extremities, however, on examination, were found to be of good natural warmth. Yet every appearance seemed to indicate, that the patient was fast sinking into a fatal state of congestion of all the vital organs. I at once administered draughts of brandy, ether and warm water, which were taken with much reluctance; as he could only be roused by using the most severe and urgent means, by shaking him by the hair of the head, accompanied by a loud and commanding voice. Hot bricks were soon obtained and placed to the feet and extremities, to sustain the vital warmth and circulation. After the first attention which the emergency of the case seemed to demand, had been administered, on making some inquiries, I was informed that the patient had taken a severe cold paroxysm early in the morning at the camp, and had lain without making much complaint through the day, pretty much in a state of stupor, when, about sunset, he was brought to town. At the time of arriving here, he was so

as to complain of feeling cold, and asked to be put into a room where he could sit by a fire ; he was left a short time, while the family were at supper, and on returning they found him, as was supposed, in a swoon, or a state of stupor, when he was laid on the bed. It was at this time and stage of the case that I was called in, as above described. The patient took a little of the stimulant several times for the space of three fourths of an hour, when he became so perfectly comatose that he could not be roused by any means used, so as to be made to swallow. During all this time the stimulant had had no effect to rouse the pulse, as none could be discovered, but the difficulty of breathing seemed somewhat benefited by its influence. I staid by the patient for more than an hour, after he had taken the last dose of stimulant, and finding all means used to arouse him fail, and noticing that the extremities were warm and the whole surface of the body of the natural temperature, and that his breathing appeared to grow more easy, I left him, requesting to be called immediately if anything new took place, or if he in any way grew worse.

Called again at 11 o'clock at night, about one hour after leaving. Found him in great agony from increased difficulty of breathing—apparently great congestion of the lungs. The patient could not take a long breath without a groan or sighing effort. The increasing agony and oppression in the thorax seemed to arouse him from the stupor, so that he would take stimulants readily and with apparent facility. Brandy and water were administered every five or ten minutes, without making any impression, however, as no pulse could be discovered. The agony still increased ; he would bite his hands and fingers, if not restrained, and grab at the pillow with savage madness, the difficulty for breath still increasing, until, at fifteen minutes before 12 o'clock, he expired, in about three and a half hours from the time I was first called to him.

Autopsy, ten hours after death. On laying open the thorax to examine the condition of the lungs, I was struck with the appearance of an enormous liver, pushing high into the thorax, and completely under the clavicle, the diaphragm, the heart and lungs. The lungs, aorta and all the large bloodvessels in the thorax and the liver were engorged and distended with thick and black blood. Owing to an inconvenient position of the subject, and not having any assistance, the liver was not entirely dissected out, but, to every appearance, both right and left lobes were nearly, if not quite, four times their natural size, and must have weighed from fifteen to twenty pounds. The lungs were not hepatized, nor tuberculated, but appeared to have suffered sympathetic irritation from the enlarged and diseased condition of the liver.

Remarks.—I have learned that the patient, for the last ten months, had been constantly subject to chills and ague, that he had enjoyed very poor health, and for the most part of the time had been unable to labor ; he had enlisted some four or five weeks since, with the idea that a change to the Mexican climate would benefit or restore his health. From these circumstances and considerations, it is evident that the liver was the primary seat of disease. It had for a long time been insidiously deranged and enlarging. The weather, for the last week or ten days of their

encampment, had been rainy and peculiarly chilly and unhealthy, and he had been noticed, for two or three days preceding, to expectorate a sanguous and purulent matter—showing that much irritation had been produced in the bronchial tubes.

This case is peculiarly interesting—showing the subtle and deadly effects of malaria in contaminating the blood; that persons, apparently in ordinary health and strength, may, in a few moments, be so struck down or prostrated by it that all human efforts for their relief become unavailing. It shows, in a most striking and conclusive manner, what I have endeavored to show in my previous numbers on the diseases of the West, that most of our residents are subject to sudden and fatal attacks. It adds another illustration to our argument that the danger of the common people lies in looking at the symptoms, and considering the *ague* harmless, because it is only a chill, when it should be considered as an evidence of seriously diseased action going on within, and that their delay in seeking for a remedy, thinking that the symptoms will wear out, only permits the disease to become so seated, and produce such lesions of the vital organs, before much disturbance or pain is manifested, that all chance of cure is past, before the medical man is called on to prescribe.

This case is also interesting from its singular exception to the general cases of congestion that terminate fatally, in that, the extremities and whole surface of the body maintained their natural standard of temperature almost to the final dissolution, the hands only becoming slightly cold just prior to death.

Had the patient been seen early in the paroxysm, and been so situated as to have been plunged into a warm mustard bath; had severe friction with hot spirit of turpentine, with a liberal and judicious administration of a permanent stimulant, and venesection, then been used, the balance of circulation might have been established, the congested organs relieved of their load of pressure, and, with subsequent judicious treatment, he might have been ultimately restored to health; for no disorganization or death of structure appeared to have taken place, sufficient to have produced death, only in the mechanical way in which it was brought about.

ANDREW STONE, M.D.

Crown Point, Lake Co., Ia., May 4, 1847.

CASE OF INTERNAL STRANGULATION OF THE ILEUM.

(Communicated for the *Boston Medical and Surgical Journal*.)

Mrs. G., et. 29, of medium stature; naturally of a delicate constitution; never was in gestation; for several years past has had occasional attacks of vomiting, dizziness, and pain in the abdomen, which were generally relieved in a few hours by mild cathartics and carminatives; habitually constive; was never dyspeptic, but her food produced an uneasy sensation in her bowels.

On Sunday, April 18th, 11 o'clock, P. M., I was called in consultation upon her case. Arriving at the house, I met Dr. Thayer, who had

been called at the same time, and Dr. Plaisted in attendance. I there learned that on Saturday previous she was attacked with similar symptoms as on former occasions; Dr. Plaisted being immediately called, ordered a dose of ol. ricini and an enema of sol. sennæ, mag. sulph. and pulv. jalapæ. The injection produced a slight evacuation. Sunday morn, the symptoms having increased in severity, Dr. P. ordered a dose of calomel, the enema to be repeated, a warm bath, and fomentations with poultices to the feet and abdomen.

I found the patient tossing about the bed, with intense pain in the back and bowels; pain not increased by pressure, nor influenced by position; pulse a little accelerated; skin moist; some thirst; occasional vomiting of the substances taken into the stomach; had had no alvine evacuation for the last twenty-four hours. Prescribed, hyd. chlo. mit., 3j.; fomentations to be continued; an enema of soap and warm water, and one sixth of a grain of sulphate of morphia every hour or two, until the pain should be relieved.

Dr. Thayer and myself remained with her most of the time until five o'clock, Monday morning, when we left her, with vomiting unchecked; but coming gradually under the influence of the morphia, which was continued until 9 o'clock, A. M., when she became quiet.

From between 8 and 9 o'clock, Monday, A. M., until 8 P. M., she was under unprofessional treatment, and I did not see her. At 8 o'clock, however, Drs. T., P. and myself were again called. Found her sinking; pulse 165; no evacuation from the bowels; without pain; some distension in the lower part of the abdomen; extremities cool; countenance anxious. Nothing was ordered, believing her case to be hopeless.

Saw her again Tuesday, 4 o'clock, A. M. Was then pulseless at the wrist; extremities cold; countenance Hippocratic. She gradually sunk, and expired between 11 and 12 o'clock, A. M., retaining her mental faculties to the last.

Permission for an examination being granted, I was requested to take charge of it.

Necropsy, 29 hours after death. Present, Prof. Loomis, Dr. Thayer, Dr. Boutelle, H. A. Smith, Esq., and a medical student. Abdomen a little distended with flatus; cavity opened by a crucial incision; beneath the integument was a deposit of fat three or four lines thick; the peritoneum contained a small quantity of bloody serum. Bowels, examined in situ, were congested; a portion of the lower part of the ileum was of a very dark color, approaching gangrene; found extensive adhesions in the right hypochondriac and lumbar regions, the bowels being agglutinated and confined to the abdominal parietes, throughout nearly the whole of those divisions, by an organized adventitious deposit. No other unnatural appearances being observed, the viscera were removed for a more careful examination.

The sanguineous vessels of the stomach were injected and arborescent; a small patch in the greater curvature, softened, and of an ash color; the mucous membrane generally, throughout the whole alimentary canal, was erythematous. About three inches from the ilio-cæcal valve,

a portion of the ileum, twenty-eight inches long, was found strangulated by an abnormal band thrown across a convolution of that intestine, so as to strangulate it at each end of the coil, originating near the attachment of the ileum to the mesentery, and passing entirely round, with few minor adhesions, to the place of its origin; forming a ring around the neck of the strangulated part. That part of the ring opposite to its attachment, was round like a cord, and about the size of a pack thread, strong and somewhat elastic. The intercepted part was in a state of incipient gangrene, full of faecal matter, and portions of it thickened and indurated. A little above the last, unconnected with other adhesions, was another adventitious band, about an inch long, and three lines wide, lying on the ileum, parallel to the mesenteric attachment and about half an inch from it, under which the thumb could be readily passed. The examination was not carried farther. **V. P. COOLIDGE, M.D.**

Waterville, Me., May 10, 1847.

CASE OF NASAL CALCULUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—The following case came under my treatment not long since, and being one of rather rare occurrence, I have thought it might not be unworthy a place in your valuable Journal.

Mrs. H., aged 25, of good constitution, had been suffering for the last eighteen months from severe headache. The pain most intense over the frontal sinuses, accompanied by an offensive discharge of a mucopurulent character from the left nostril and throat. The pain in the head had increased to such a degree, as to materially impair her memory, causing at times dimness of sight, particularly of the left eye, giddiness, with loss of appetite, and a disordered state of the digestive organs; in fact, her general health began to be seriously affected, and in this condition she applied for advice.

On examination, the nasal passage, on the left side, appeared to be completely blocked up. I was first led to suppose that the obstruction might be owing to a polypus, or other morbid growth, but on passing in a probe a hard substance was encountered, about two inches from the orifice, feeling to the touch like a portion of bone in a state of necrosis. The septum was forced over to the opposite side, causing the right nasal passage to be somewhat contracted. The left lachrymal duct was obstructed, and pressure made at the inner canthus was followed by a discharge of purulent matter from the puncta. *Stillicidium lachrymarium* existed, and the conjunctiva of the eye was somewhat injected. The probe being withdrawn, a pair of polypus forceps were then introduced, and with some difficulty I succeeded in grasping and extracting a hard body through the nostrils. Considerable hemorrhage followed, but it was soon checked by the application of cold. The foreign body was of irregular form, rough, about an inch long by half an inch in diameter, hard, brittle, and evidently of a calcareous nature.

The patient was not aware of having introduced anything into the nose, but stated that she first observed some obstruction about eighteen months since.

Inflammation of the mucous membrane of the nose and throat followed, but yielded readily to the antiphlogistic treatment.

In Rankin's Abstract several cases of nasal calculus are recorded, but I am not aware of any that have been published in this country.

Yours respectfully, HENRY COOK.

Sag Harbor, Long Island, N. Y., May 12, 1847.

CASE OF PERITONEAL PREGNANCY IN A CAT.

[Read before the Boston Society for Medical Observation, May 17, 1847, by Wm. Henry Thayer, M.D.—Communicated for the Boston Medical and Surgical Journal.]

IN the presence of several members of this Society and other gentlemen, assembled at the dissecting room of the Boylston Medical School, on the 14th of this month, a cat was killed by the inhalation of sulphuric ether. She was secured by placing her neck in a wooden stock, with her legs tied. On account of her struggles, she was held by a forcible grasp of the hand around the lumbar region, compressing the abdomen.

The body was opened eleven minutes after death; and there were found floating in the peritoneal cavity three foetuses with their membranes and placenta, all having lost their liquor amnii, and one having escaped entirely from the membranes. Two were lying unattached upon the intestines; the third was adherent by its placenta to the lower border of the omentum (which was here more vascular than elsewhere), firmly enough to support its own weight. The uterus had, at the superior part, just at the departure of the left horn from the centre, a circular opening three fourths of an inch in diameter, through which projected unruptured membranes enclosing another foetus. On close examination, this opening was found to be a perpendicular division of the muscular layer of the uterus, through which protruded a fold of the mucous membrane, forming a lip—and this had very much the appearance of a natural opening.

The left horn was strongly contracted throughout, as evinced by deep lines on its exterior surface. The right horn had twice the circumference of the left, was smooth, and evidently contained another ovum. Upon laying open the left horn by an incision from its left extremity to the opening through which projected the ovum, it was found to be lined with a thick, grayish substance—evidently the caduca—covered with small masses of coagulum; and the whole cavity communicated freely with the false opening. The peritoneum had a natural appearance, and nothing abnormal was seen in the abdomen.

From these appearances, it is inferred that rupture of the uterus took place at some previous time, and one ovum escaped and formed an attachment to the omentum, through which it has been supported; that the other two ova found in the cavity of the abdomen had *recently* escaped

by the same aperture—perhaps in consequence of the firm grasp of the loins during the inhalation of ether.

One of the gentlemen present, who had owned the cat from birth, said that she had never kittered.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 26, 1847.

Progress of the Sciences.—A continued press of matter has prevented us from sooner speaking of the admirable report of Dr. Paige, one of the examiners at the Patent Office, to be found in Document No. 52, of the last Congress. He is the strong man of that institution when the sciences are brought forward, and he deserves, on the score of his distinguished attainments in electro-magnetism, a much higher position than has yet been awarded him at Washington. He holds the chair of chemistry, to be sure, in the Columbian College; but the Smithsonian Institute should secure the brilliant powers of a man who is so eminently calculated to give eclat to whatever department he might be assigned.

In the document emanating from the Patent Office, it devolved especially on Dr. Paige to speak of the business that fell particularly under his own eye, in regard to the progress of the sciences since the last annual report. Under the head of Chemistry, therefore, his observations commence, and close in such sensible generalizations, as to increase our confidence in his discretion and good judgment as a public officer. He remarks, at the beginning, that, "It needs not my testimony to prove that Chemistry is at present more rapidly advancing than any other department of human knowledge." He alludes to gun cotton, the ether inhalation, caoutchouc, candle-making, soaps, dyeing hair and wool, the preservation of meats, oleic and stearic acids, sugar from cane, bleaching paper pulp, impregnation of timber, daguerreotype pictures, furnaces for heating buildings, and the principles of construction in stoves,—but these must be passed over, with this brief allusion. A part of the observations, however, on the *alleration of pain during surgical operations*, are reserved for a future occasion.

Professional Controversy.—Ever since the appearance of Dr. Green's work on the treatment of certain diseases of the throat, there has been an unusual state of excitement in New York, the echo and tremor of which, have not been very slightly felt in this vicinity. Articles have appeared, *pro* and *con*, in this Journal, by those who seemed to be conversant with the subject under discussion, and a leading effort of the writers appeared to be to establish the date of certain facts in relation to the origin of a novel kind of practice. With no other object for ourselves than the attainment of the truth, and the accommodation of those who manifested a strong desire to discuss the matter, as much room has been given them for the publication of their papers, as was consistent with the relative importance of the subject and the rights and claims of other correspondents. Individually, we have taken but little interest in the controversy, from a supposition that it

was purely a difference of opinion between gentlemen of professional distinction, who were excellent friends, although they might differ on minor points, of but little consequence to any but themselves. More recently, however, the clouds portend a gathering storm:—assertions and contradictions follow each other too rapidly not to be observed, and we are induced more carefully to look around for a cause of this disturbance. In the 18th number of the New York Medical and Surgical Reporter, there is an elaborate communication from Dr. Green, directed to the members of the New York Medical and Surgical Society, in which the whole ground is carefully examined. It appears that at a meeting of the Society, the following resolution was introduced and passed:—“Whereas, Dr. Horace Green has rendered himself disagreeable to a majority of the members of this Society, therefore, *Resolved*, That he be requested to withdraw from the Society.” Now if this was a sober act, and a member was actually requested to sever his tie just because he was disagreeable, it is quite a strange procedure. A man might ask a bill of divorce from his wife because she was not handsome, upon an equally reasonable pretext; or another be expelled from church on account of a long nose, a bald head, or any other personal defect that might render him an unpleasant object in ordinary society. Had a charge been specified, we might have had a widely different opinion of the case; but taking the declaration as it stands, that he was merely disagreeable to a majority, it appears extremely ridiculous, and produced, according to the narrative, dissatisfaction in the ranks, the next act in the course of events being the voluntary withdrawal, in consequence, of several members from the association.

Physicians are morally bound to promote the individual happiness and respectability of the great medical family. The only sure method of doing so, is to treat each other with courtesy, even if one happens to entertain thoughts, theories or views at variance with those of others. Medicine is split into such fine threads, in this modern up-turned world, that it is absolutely impossible for a physician, especially a medical author, to please everybody engaged in the same pursuit. But it will not do to let the friction of intellect with intellect interfere with the customary civilities of life. Happily for the race, there is room enough for us all, without being jostled from our path. Courtesy is imperiously required in professional intercourse, to secure peace to individuals, and elevate the standard of medical character. Nothing is more common than for physicians to differ on medical matters, and to express their differences; but a down-right quatrel in this age is unpardonable.

Public Reporters.—Of the value of a correct report of the doings of a deliberative body, embracing all the shades of debate, resolutions and constantly-varying movements, all persons are aware, who have a particle of interest in such proceedings. During the session of the National Medical Convention at Philadelphia, the reporters were distinguished for their accuracy. Several of the daily papers of that city noted the deliberations, but the Public Ledger won the palm of approbation—for there was scarcely a mistake, except in names. Being present most of the time, we were enabled to estimate the worth of the morning reports. That in the Ledger was so much better than our own notes, that the latter were wholly abandoned, and the minutes thus far introduced into the Journal, of the transactions of the Convention, were copied from that spirited paper.

Transactions of the College of Physicians, Philadelphia.—All the published papers, which had accumulated from November, 1841, to August, 1846, and which have generally been referred to by us as they appeared quarterly, have now been united in a volume, which is the first of a uniform series, it is expected, yet to emanate from that learned body. Why does not the Boston Society of Medical Improvement send abroad some of the contents of its archives, before they become illegible by age? It is not unreasonable to suppose that an uncommonly choice collection of articles are held in durance there, which would be hailed with delight by the profession, and would be cheerfully inserted from time to time in our pages.

American Journal of Pharmacy.—By a note in the April No. it appears that the publishing committee have determined to issue four numbers of the usual size during the current year, and commence the twentieth volume with the first of January, instead of the first of April ensuing. Of the character and utility of this Journal, frequent mention has been made. A kind of knowledge is attainable through its pages, that cannot be acquired so readily from any other source. There is internal evidence of the high reputation of the authors who give opinions in this publication, which is not unfrequently wanting where theories are substituted for realities. Chemistry and pharmacy are departments that can only be upheld by strong minds, devoted to the consideration of facts alone. We have always been desirous that this periodical should be liberally sustained.

Obstetric Medicine.—Dr. Joseph Warrington of Philadelphia, whose name is honorably associated with obstetric medicine, has issued a circular, inviting practitioners to answer certain interrogatories, in the hope of collecting important statistical facts with a view to improving our knowledge in this branch of medicine. It would assist in elevating the character and usefulness of the profession, if every possible facility should be given Dr. Warrington, in his efforts to collect a certain class of facts, illustrative of the laws of female existence in the United States, under certain conditions and circumstances; and we therefore hope his inquiries may have prompt attention wherever they may be received.

Philadelphia Obstetric Institute.—From an examination of a pamphlet that gives all needful information in regard to the origin and design of this institution, by Joseph Warrington, M.D., it is evident that the institution cannot be otherwise than useful, and should meet with the encouragement of the profession. Pupils appear to have unusual privileges under Dr. Warrington's guidance. If he is as methodical and exacting as this chart of his doings represents, no school in this country is more deserving the patronage of an enlightened public.

Consumption and its Antidote.—What are *iatroleptic remedies* in this disease but a hodge-podge invention of an Ohio quack! One Jewett, of the Buck Eye State, has issued a pamphlet at Columbus, containing explicit rules for taking his preparations. One of the essential methods of procedure in curing pulmonary consumption, according to his system, con-

sists in rubbing the soles of the feet with a liniment. Next comes a *fever* plaster between the shoulders. Then follows the most original thing in the world, viz., steaming the lungs. Hear the inventor of this new steaming process, in his own words. "We steam the lungs with the following preparation, viz.: take three ounces lobelia, two ounces dandelion, two ounces pleurisy root, two ounces skunk cabbage, two ounces wild turnip, two ounces may weed hole, half pint tincture of balsam of tolu—put them into a tin teapot with a quart of water, and simmer it with the nose stopped: make a hole in the top of the lid, heat the medicine and inhale the steam through the hole in the lid into the lungs, three times a-day. We have known the most surprising effects from this course," says the author of the pamphlet, which no one can reasonably doubt. The new medical college at Columbus must not be overawed by the numbers in that region who, like those who send forth this extraordinary extinguisher of disease, apparently glory in their ignorance and the gullibility of the people.

Note from Dr. Reese.—To THE EDITOR. Sir,—The undersigned is constrained by self-respect to withhold any reply to the tirade of filth, falsehood and irrelevance, of a certain M. Mattson, in your last No., whose invective has called forth no other emotion than pity and contempt.

New York, May 22d, 1847.

D. MEREDITH REESE.

Preamble and Declaration of the Castleton Medical College.—MR. EDITOR,—Be pleased to insert the following preamble and declaration of the Faculty and Corporation of Castleton Medical College, which they have directed to be published in your Journal, and oblige the College.

Yours, &c. E. S. CARR.

Whereas, It has been represented from a respectable source that George W. Roberts, of Greene, Chenango Co., N. Y., is in possession of a diploma purporting to confer upon him the degree of Doctor of Medicine, and that it was issued and given by the Officers and Faculty of Castleton Medical College; this is therefore to declare that such degree was not conferred upon said Roberts, neither was said diploma delivered or conveyed to him by the authority of said College, neither do we believe that any officer, servant or employé of the College participated in such wrongful disposal of a diploma.

Therefore, if said Roberts be in possession of a diploma purporting as aforesaid, we hereby declare it to be without authority and void.

By order of the Corporation and Faculty of Castleton Medical College.

Castleton, Vt., May 20, 1847.

J. PERKINS, President,
E. S. CARR, Secretary.

Medical Appointment in New York.—We learn from New York, that Dr. D. Meredith Reese has been appointed to the post of Resident Physician at Bellevue Hospital, by the Corporation of that city.

Medical Legislation in Connecticut.—In the House, May 14th, "Mr. Howard presented the memorial of John G. Corning and others, praying for a law concerning physicians' fees and prescriptions. The memorial

was read. It humbly showed that the healing art had been made too much a mystery for ages, to the injury of morality, and giving great facilities for fraud; and the petitioners prayed that a law might be passed directing that all prescriptions shall be legibly written in the English language, that no apothecary shall deliver any medicines without affixing to the bottle or parcel a label in the English tongue setting forth the contents and mode of mixture, and regulating the fees of physicians. Referred to the committee on patent medicines."

Injections of Nitrate of Silver in Chronic Diarrhœa.—Dr. Guérard has been in the habit of employing with great success, in the chronic diarrhoeas which accompany phthisis or enteritis, and which succeed fever, injections of the following:—Common water, 1 litre (about a quart English), nitrate of silver 50 centigrammes. Previous to adding the salt to the measure of water, it is easier to dissolve it in a small quantity of distilled water. The patient may without the slightest inconvenience retain or discharge the injection that has been administered, the effect of the argentic salt being the same in either case. M. Guérard has had no occasion to deplore unpleasant accidents from its use.—Dr. YANDELL's *Letters from Paris, in Western Medical and Surgical Journal.*

Medical Miscellany.—Sixty thousand seamen in the United States are said to have signed the temperance pledge.—Smallpox is making sad work among the Chippewa Indians.—Dr. Channing's biographical sketch of the late Dr. Revere, of New York, which first appeared in this Journal, is stitched in a pamphlet form.—The Massachusetts Medical Society will meet this day at the Masonic Temple in Boston.—Dr. John C. Warren has been elected president of the Boston Society of Natural History.—Typhus fever and dysentery are carrying off vast numbers in Ireland.—Ship fever is creating some uneasiness in the Atlantic cities—introduced by foreign emigrants.—Several cases of smallpox have occurred in Boston within the last four weeks.—Dr. Moorhead, of the Chair of Theory and Practice of Medicine in the Ohio Medical College, has resigned his professorship.—The New Jersey State Lunatic Asylum will be completed the ensuing fall. It is located near Trenton, and is said to be exceedingly well arranged.

To CORRESPONDENTS.—The papers of Drs. G. O. Jarvis, E. H. Dixon, H. N. Matis, W. A. Clandeboeuf of Paris, and "B." have been received.

MARRIED.—C. V. H. Morais, M.D., of Munroe, Michigan, to Miss C. Le Conte.—John A. Knowlton, M.D., of Franklin, Ohio, to Miss L. W. Crittenden.

DIED.—In Boston, Frederick A. Eddy, M.D., 31—At Lexington, Mo., Dr. John C. Martin, recently from Ireland.

Report of Deaths in Boston—for the week ending May 22d, 56.—Males, 29—females, 27. Stillborn, 7. Of consumption, 9—typhus fever, 10—lung fever, 2—infantile, 1—paralysis, 2—hemorrhage, 1—diarrhoea, 2—erysipelas, 2—apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 1—hooping cough, 4—accidental] 1—pleurisy, 1—delirium tremens, 1—scarlet fever, 1—disease of the bowels, 1—old age, 1—marasmus, 4—dropsy, 1—dropsy on the brain, 1—childbed, 2—cholera infantum, 1—smallpox, 1—convulsions, 1—croup, 1.

Under 5 years, 18—between 5 and 20 years, 8—between 20 and 40 years, 17—between 40 and 60 years, 9—over 60 years, 4.

Sir Humphrey Davy on the Use of Narcotic Vapors in mitigating Pain.—In the collected works of Sir Humphrey Davy, published in 1839, occur the following remarks on the effects of narcotic vapors in producing insensibility.

"In one instance, when I had headache from indigestion, it was immediately removed by the effects of a large dose of gas, though it afterwards returned, but with much less violence. In a second instance, a slighter degree of headache was wholly removed by two doses of gas.

"The power of the immediate operation of the gas, in removing intense physical pain, I had a very good opportunity of ascertaining.

"In cutting one of the unlucky teeth, called *dentes sapientia*, I experienced an extensive inflammation of the gum, accompanied with great pain, which equally destroyed the power of repose and of consistent action.

"On the day when the inflammation was most troublesome, I breathed three large doses of nitrous oxide. The pain always diminished after the first four or five inspirations; the thrilling came on as usual, and uneasiness was for a few minutes swallowed up in pleasure."

"As nitrous oxide, in its extensive operation, appears capable of destroying physical pain, it may probably be used with advantage during surgical operations, in which no great effusion of blood takes place."

The Asphyxia of new-born Infants.—In an essay on artificial respiration for the resuscitation of new-born infants, M. Depaul states that he has—"instituted a series of experiments on the dead subject, with the view of determining the amount of danger of injuring the lungs by the insufflation of air. He satisfied himself that this danger is almost an imaginary one, since, even after the lungs were removed from the body, it required several most forcible insufflations, far stronger than ever would be made in the case of a still-born child, to produce rupture of the pulmonary vesicles. On the other hand, he was struck with the great force needed thoroughly to inflate the lungs, while their resiliency was sufficient to expel the greater part of the air. He found, moreover, in many cases where children had died suddenly, after breathing for several hours or days, no other morbid appearance than an unexpanded condition of a large portion of the lungs. With reference to the mode of practising artificial respiration, he condemns the mere blowing into the mouth as inadequate, and recommends the use of a tracheal tube. He is of opinion that there is more danger of failing from imperfect insufflation than of doing harm by its too forcible performance. It is of importance, likewise, that it should not be suspended on the first sign of breathing, but continued until the child cries loudly and respires well."—*Dr. West's Report, British and Foreign Review.*

Columbus Medical College, Ohio.—By an act of the recent session of the Ohio Legislature, the Willoughby Medical School was removed to Columbus. The faculty has been re-organized, and are now giving their first course of lectures. We are sorry to see the price of a full course of lectures placed so low as \$55, being a little less than \$8 for each ticket. We had hoped that when the competition between this and the Cleveland school was measurably abated by its removal to Columbus, they would both have fixed their fees at \$10 for each Professor's ticket, which is the price generally adopted by the northern medical colleges.—*Ill. and Ind. Med. Jour.*